

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3	1						53								
4	1						54								
5		4					55								
6		4					56								
7		4					57								
8		4					58								
9		4					59								
10		4					60								
11	1						61								
12		1					62								
13	1						63								
14	1						64								
15		4					65								
16		4					66								
17		4					67								
18		4					68								
19		4					69								
20		4					70								
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41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	6						TOTAL IND.								
TOTAL DEP.	50						TOTAL DEP.								
TOTAL CLAIMS	56						TOTAL CLAIMS								

24

12
3
13.6
20

46
8